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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number **10/554,148**

Confirmation Number

Filing Date **with an effective filing date of April 20, 2004**

First Named Inventor **Olivier BREGUET**

Group Art Unit **3732**

Examiner Name **Heidi M. BASHEW** Fax: **(571) 273-8300**

Attorney Docket Number **NITROS P174US**

Total No. of Pages in this Submission: **16**

ENCLOSURES (check all that apply)

- ☐ Fee Transmittal Form [1]
(in Duplicate)
- ☐ Fee attached - Check \$570.00
- ☐ Amendment/Response [11]
- ☐ After Final
- ☐ Affidavits/declaration(s)
- ☐ Extension of Time Request [1]
(in Duplicate)
- ☐ Express Abandonment Request
- ☐ Information Disclosure Stmt []
- ☐ Certified Copy of Priority []
Document(s)
- ☐ Response to Missing Part/s
Incomplete Application []
- ☐ Response to Missing Parts
under 37 CFR 1.52 or 1.53

- ☐ Assignment papers []
(for an Application)
- ☐ Drawing(s) --Annotated Sheet(s) ... []
Replacement Sheet(s) []
- ☐ Licensing-related Papers []
- ☐ Petition Routing Slip (PTO/SB/69)
and Accompanying Petition
(DELETED - no longer useful)
- ☐ To Convert a Provisional Petition ... []
- ☐ Power of Attorney, Revocation
Change of Correspondence Address . []
- ☐ Terminal Disclaimer []
- ☐ Small Entity Statement []
- ☐ Request for Refund []

- ☐ After Allowance Communication
to Group []
- ☐ Appeal Communication to Board
of Appeals and Interferences []
- ☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief) []
- ☐ Proprietary Information []
- ☐ Status Letter []
- ☐ Additional Enclosure(s)
(please identify below):
- Postcard

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name

Michael J. Bujold
DAVIS & BUJOLD, P.L.L.C.Reg. No. 32,018
CUSTOMER NO. 020210

Signature

Date

August 25, 2009

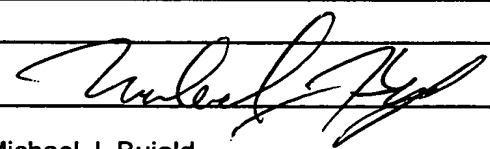
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on August 25, 2009.

Signature

Date: August 25, 2009 (amp)

01 FC:1251 130.00 0P

<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2008</h3> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.22</p>		<p>Complete if Known</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> Application No. Filing Date First Named Inventor Examiner Name Art Unit </td> <td style="width:50%; vertical-align: top;"> 10/554,148 with an effective filing date of April 20, 2004 Olivier BREGUET Heidi M. BASHEW 3732 </td> </tr> <tr> <td style="vertical-align: top;"> Attorney Docket No. </td> <td style="vertical-align: top;"> NITROS P174US </td> </tr> </table>		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/554,148 with an effective filing date of April 20, 2004 Olivier BREGUET Heidi M. BASHEW 3732	Attorney Docket No.	NITROS P174US
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Attorney Docket No.	NITROS P174US						
TOTAL AMOUNT OF PAYMENT: \$570.00							
METHOD OF PAYMENT (check all that apply)							
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS & BUJOLD, P.L.L.C.</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES Fee (\$)	Small Entity Fee (\$)	SEARCH FEES Fee (\$)	Small Entity Fee (\$)	EXAMINATION FEES Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description				Fee (\$)		Small Entity Fee (\$)	
Each claim over 20 (including Reissues)				52		26	
Each independent claim over 3 (including Reissues)				220		110	
Multiple dependent claims				390		195	
Total Claims		Extra Claims		Fee (\$)		Multiple Dependent Claims	
-20 or HP =		x		=		Fee (\$)	
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
3 -3 or HP +		2 x		=		440.00	
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		No. of each additional 50 or fraction thereof		Fee (\$)	
-100 =		/ 50 =		(round up to a whole number) x		=	
						\$270/\$135	
4. OTHER FEE(S)							
Other (e.g., late filing surcharge): <u>Petition for One Month Extension of term</u>						Fees Paid (\$)	
						<u>\$130.00</u>	
SUBMITTED BY							
Signature						Telephone (603) 226-7490	
Name (Print/Type)		Michael J. Bujold				Registration No. (Atty/Agent) 32,018	
						Date: August 25, 2009	